



Minutes of the Patient Group (PG) Meeting and Annual General Meeting (AGM), Monday 10th March 2014, 6.45-8.30 pm at the Charter Medical Centre

Present:

Practice Representatives: Lucy Albu (Systems manager); Dr. John Condon (GP)

PG members: Clare Tikly (Chair), Nora Mzaoui (Vice chair), Maureen Ramsden (Treasurer), Justin Burke (Committee), Jackie Parker (Committee), Helen Phillips (Committee), Maureen Smallbridge (Committee), David Watkins (Committee), Jean Gaston-Parry, June Gillingham, Val Mooring, Peter Mooring, Rana Mzaoui, John Ramsden, Barbara Shields, Norman Wright.

1. Introductions and Apologies for absence

The Chair welcomed all attendees and informed the meeting that the first item would be the main speaker who was on-call for the ambulance service. She later noted that all the Committee members were present and introduced the Practice representatives, Dr Condon and Lucy Albu

Apologies: Katie Gray, Pat Arditi

3. Speaker: James Pavey (Senior Operations Manager Brighton and Rother SECamb)

James explained that SECamb is one of 10 English Ambulance Trusts and covers Kent, Surrey and Sussex. It is a Foundation Trust which means they have more freedom to spend their money to the benefit of the service. He has been in the ambulance service in various roles for 20 years and currently manages around 450 ambulance staff in East Sussex and some of West Sussex.

The topics covered by his talk and key points were:

Current Scope and Portfolio of the Trust's activities; SECamb have 3000 staff, most of whom are clinical or patient facing and 552 vehicles. The emergency call centres have high technology equipment. For example when a 999 call is received the equipment tells them the address from which it was made.

They work in partnership with Harmony which is a GP led consortium who run the 111 service. The staff is organised to respond to people and reflect the patterns of incidences requiring ambulance services.

Performance standards; The earlier treatment is received the better the outcome, so there are standards set down for the time elapsed between the receipt of a 999 call and arrival of the ambulance. This time is measured from

when the call is put through from BT and starts even before you speak. In Brighton, the response time is one of the best in the country

What's happening in Sussex?; The ambulance service is trying to create larger operation centres (see below) and is looking to build one at Falmer. There are a number of Community First Responders in rural areas. These are primarily for cardiac arrest and take defibrillators to the patient for quick care. There are direct access defibrillators at Brighton station

Ambulance Operation Centres; This is a large purpose built building where the vehicles will be made ready by specialist cleaning staff for the paramedics when they start their shifts (currently paramedics are responsible for ensuring the vehicle is ready). This will give clinically clean vehicles which will reduce the risk of infection and enable the paramedics to concentrate on clinical duties. Once clean the vehicles will be moved to operational areas. In between calls the staff goes to Ambulance Community Response Posts (ACRP). There is one at 7 Dials.

Hospital reconfiguration of services; the health Service is working together to make a better outcome for the patient. For the ambulance service this means taking the patient to the right hospital in the first place, depending on the care needed. In Brighton we are lucky because all the key services are at the Royal Sussex County Hospital.

A number of questions were raised about availability of defibrillators. James confirmed that some schools have them (Sussex University have 3 or 4) but they are not mandatory. Some fire engines and police vehicles carry them. A number of shopping centres have them-look for a yellow box with a green sign and a person with a bolt of lightning through them. They are easy to use and don't need specialist training-the ambulance service will talk you through if you need to use one.

Other questions:

i) What percentage of 999 calls is "Nuisance" calls?-James confirmed that the proportion of malicious calls is very small. They do have problems with repeat callers and people calling because they don't know what else to do. They go out to about 90% of all the calls they get, just over 10% are dealt with without sending an ambulance (Hear and Treat). Of those attended, about 50-60% are transported to hospital. In Surrey and Sussex there are about 15 cardiac arrests a day and fewer serious traumatic events due to seat belts, air bags and slower speed limits etc.

ii) Does the service have access to patients medical records en route?-James said generally no as they often don't know who the patient is if they are in a public place, but if the call is from a home, they may have if the patient has previously agreed to share. Any information is better than none and wearing medic alerts is a good idea.

iii) Have the financial cutbacks meant a reduction in staff etc.?- James said no. In fact they employ more staff, have more and better equipped ambulances and greater technology. However, the number of calls is rising at

5% a year although the number of serious calls is reducing. People are now Googling symptoms such as headache and coming up with brain tumours!

The 111 service

James explained that when you phoned you were asked a series of questions which are the same as if you call 999. This should identify if you are seriously ill, even if you don't think you are. If the adviser is unsure there are doctors and nurses available to assist. They will give advice about the appropriate action for your symptoms. The original problems were because the service was more popular than expected and the call centres were not adequately staffed at the right times. It is still not 100% as they still receive more calls transferred than is necessary but it is working well.

SECAmb is involved so that it has the ability to redesign and change.

James' Powerpoint presentation is available on the Charter PG web pages for further details

http://www.chartermedicalcentre.co.uk/PPG_meetings.htm..

Speaker: Jean Gaston-Parry (Public Governor SECAmb)

Jean briefly explained her role as Governor-to hold the service accountable and to improve public engagement. She said that if people were interested they could become members and would receive newsletters and invitations to events. Application forms were available.

She added that Charter is currently training a paramedic practitioner and that there is a new team of First Responders in town. She also said she had visited the 111 call centre in Ashford and was very impressed.

David Watkins said the public should be told more about 111 and Clare Tikly undertook to take this to Healthwatch.

James said he would be happy to hear ideas of what to tell people.

2. Minutes of the PG meeting 9th December 2013:

These had been previously circulated. There were no matters arising and they were adopted.

4. Information from the Centre for Independent Living (the FED)

Helen Phillips advised the meeting that she had received great help from the FED who visited and were able to arrange a grant for her for home improvements. They now have a new initiative aimed at helping people to get out and meet others. There is a website, www.thefedonline.org.uk/local that provides information on over 2000 activities in Brighton and Hove that are disabled/elderly friendly.

5. News from the Practice

Lucy Albu advised that the new Windows based practice clinical database was now installed. It had been a steep learning curve for the staff but was expected to be much better than the old system

6. Refreshment break

7. Minutes of the AGM on 4th March 2013

These had been previously circulated. The Chair ran through the headings and noted that LINK has been replaced by Healthwatch which has its' first public meeting on 29th March. Copies of the Healthwatch magazine were available. The PG has continuity because David Watkins represented us in LINK and she is a governor of Healthwatch.

Also, the Healthwalks had started and were running every Monday in St. Anne's Wells gardens.

We would need to monitor Healthwatch to see that matters such as that under AOB were followed up.

8. Annual reports from the Chair and Treasurer.

The Treasurer gave her Annual report on the accounts which showed that the PG had little expenditure in the year and £93.16 in the bank at the time of the meeting at the time of the meeting from the original donation from the Practice. Helen Phillips queried whether yearly funding was received and it was confirmed that funding was on request. Lucy Albu confirmed that April would be a good time to ask for a further float.

David Watkins thanked the Treasurer for her work and proposed the approval of the accounts. This was seconded by Justin Burke and accepted by the meeting.

The Chair also thanked the Treasurer.

The Chair noted that both her report and the Treasurer's would be posted on the website. She distributed copies to the meeting and asked for them to be read at leisure. She requested any ideas for future activities of the PG.

Dr Condon noted that the information on the LX board needs to be up to date in order to hopefully get more attendees at meetings. Maureen Ramsden asked if the PG notice board could be nearer the door. It was confirmed by Lucy Albu that once the surgery had been remodelled the PG would be able to choose where it had its' notice board.

The Chair noted that 80 PPG members receive e-mails direct from the committee and approximately 900 PRG members receive information by e-mail and/or text from the Practice, so plenty of people know of the meeting. She noted that Maureen Smallbridge who organises the meetings was embarrassed by the low turnout for the meeting.

9. Revised Terms of Reference

These were tabled. Attendees were asked to contact the Chair within 2 weeks if there were any issues, otherwise they would be taken as accepted.

10. Committee nominations

All members of the existing committee were prepared to continue.

Two other nominations had been received for Jean Gaston-Parry and June Gillingham. As this does not exceed the committee number they were welcomed onto the committee.

11. Quarterly meetings in 2014-15; any other business (AOB)

It was intended to carry on with the quarterly meetings, Healthwalks and the Newsletter. The Chair thanked Jackie Parker for editing this.

The PG will continue to input into health and social care issues locally and be members of the National Association for Patient Participation (NAPP).

David Watkins thanked the Chair for all the work over the 3 years of the PG. He believes this to be the finest PG in town. This was seconded by Jean Gaston-Parry who noted that it is important to be positive about the changes happening in the NHS.

The Chair thanked the committee. She was encouraged by all the dedicated professionals such as James in health and social care.

Lucy Albu thanked the Chair and committee for all their work.

The meeting closed at 8.30pm

MS 11th March 2014